

03560.000708.3



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#21/f  
K Davis  
4-28-04

In re Application of: )  
NAOYUKI MATSUMOTO )  
Application No.: 09/394,521 )  
Filed: September 10, 1999 )  
For: FACSIMILE APPARATUS )  
Examiner: J.R. Pokrzywa  
Art Unit: 2622  
March 9, 2004

RECEIVED

MAR 17 2004

Technology Center 2600

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

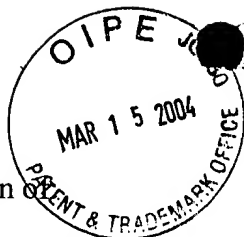
In response to the Office Action of December 9, 2003, please amend the  
above-identified application as follows. Amendments to the claims are reflected in the listing  
beginning at page 2, and the Remarks begin at page 5.

I hereby certify that this correspondence is being deposited with the  
United States Postal Service as first-class mail in an envelope addressed  
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450 on

March 9, 2004  
(Date of Deposit)

Ronald A. Clayton (Reg. No. 26,718)  
(Name of Attorney for Applicant)

March 9, 2004  
Signature Date of Signature



2622

In re Application of

Docket No. 03560.000708.3

NAOYUKI MATSUMOTO

Application No.: 09/394,521

Examiner: J.R. Pokrzywa

Filed: September 10, 1999

TC/Art Unit: 2622

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$\_\_\_ to cover the fee for a \_\_\_-month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant  
Registration No. 26,718

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

Form #120

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